



PATENT (US)

Attorney Docket No. AVERP2168USA

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: MULTILAYERED THERMOPLASTIC FILM AND SIGN CUTTING METHOD USING THE SAME

the specification of which

- (a) is attached hereto.
(b) X was filed on June 11, 1999 as X Serial No. 09/332,273 or Express
Mail No. , as Serial No. not yet known, and was amended on
(if applicable).
(c) was described and claimed in PCT International Application No. filed on
 and amended under PCT Article 19 on (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations §1.56(a).

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. OR PCT APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120

APPLICATION NO.	U.S. FILING DATE (day month, year)	STATUS (Patented, Pending, Abandoned)
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POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

Full name of sole or first inventor Bernard S. Mientus

Inventor's signature Bernard S. Mientus

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Full name of second joint inventor, if any Kushalkumar M. Baid

Inventor's signature Kushalkumar M. Baid

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CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

☒ Signature for third and subsequent joint inventors. Number of pages added 1.

☐ Added page to combined declaration and power of attorney for signature by one joint inventor on behalf of omitted inventor(s) who refuses to sign or cannot be reached.

☐ This declaration ends with this page.

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS

Full name of **third joint inventor** Mark Wisniewski
Inventor's signature Mark Wisniewski
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Full name of **fourth joint inventor**, if any Wayne L. Bilodeau
Inventor's signature Wayne L. Bilodeau
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Full name of **fifth joint inventor** _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

Full name of **sixth joint inventor** _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____